



CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

Annual Report

2018-19

2018-2019 CAMHS Chairman's Annual Report.

It has been my pleasure and honour to be Chair of the Board over the past year and to be a part of many of the developments and improvements that have occurred. The Board is made up of nine volunteers, from a variety of backgrounds, with a special interest in mental health and addictions. This year we conducted CEO performance and salary reviews as well as introducing a new performance scale designed to evaluate and reflect the achievements of the CEO. By-laws have been updated and the Board also stream-lined the number of its sub-committees resulting in more efficient information sharing and less red tape.

The management team has had many successes including introducing changes to ensure all CAMHS staff and locations are culturally sensitive, facilitating on-going support and education for staff to promote best practices, and introducing a new leadership team.

But the year has not been without some sad and challenging moments. Earlier this year the Board lost its past-chair, Sue O'Dwyer, who passed away after a long and brave struggle with cancer. Amber Wardell resigned from the Board unexpectedly due to an increase in her work commitments. Both these members made many valuable contributions to the Board and will be sorely missed.

On a positive note, the Board is very pleased to welcome two new members; Jennie Chanda and Joe Varga. Jennie has a nursing and teaching background and has sat on numerous Boards and Committees including the MS Society, CMHA and CLASS. Joe is the Norfolk OPP Detachment Commander and a past president of the Hagersville and District Chamber of Commerce and Fire Fighters Association. We look forward to continuing our excellent working relationship with him and his staff.

In closing, I would like to thank, on behalf of the Board, all the volunteers and front-line staff of CAMHS for your hard work and dedication to continually improving the services of CAMHS. You are the face and the heart of the organization and are instrumental in the recovery of so many very grateful individuals and families. We recognize and thank you sincerely for everything that you do.

Respectfully submitted by,

Roddy Millea

Board Chair, CAMHS

Message from the Chief Executive Officer (2018-2019)

Welcome to the CAMHS Annual General Meeting and thank you for showing interest in our organization, Community Addiction and Mental Health Services of Haldimand and Norfolk (CAMHS-HN). CAMHS is the community organization responsible for mental health and addiction clinical and peer support services.

First, before going into the multiple initiatives and successes of the year, I want to take a moment to speak of loss. This has been a sad year for the CAMHS staff and the Board as a result of the passing away of two of our members.

Joanne Torti, RN, has been a long-standing and consistent member of the CAMHS staff. Joanne was a co-worker in the Adult Team who had a profound influence on many CAMHS staff across the organization and many staff appreciated her as a mentor and support. Joanne's death was a surprise to all and as such had a profound impact.

Sue O'Dwyer also passed away this year. Sue had been a stalwart Board member and past Chair of the Board. Sue's financial acumen was greatly appreciated by the Board and the CEO. Sue's commitment to the community and the wellbeing of others was constantly evident in all of her interactions.

Both Sue and Joanne are missed and will be remembered.

Once again, our fiscal year of 2018-2019 has been a busy one. This year has seen CAMHS involved in multiple initiatives, naming a few:

- The HN Sub-Region Anchor Table and the initiation of the HN Mental Health and Addictions (MHA) Action Table
- The LHIN's Governance to Governance Initiative which incorporated Board involvement into planning for systems' access for MHA clients and families
- Early Adopter of the MOHLTC statistical reporting system for Addictions
- Indigenous Cultural Safety training through an online course for all staff supported by LHIN funding, and continued work in partnership activities with both Six Nations of the Grand Territory and the Mississaugas of Credit First Nation
- The LHIN's Core Crisis Model Working Group has continued in concert with our police partners across HN, Hamilton, Niagara, Brant, and Halton.
- Involvement in the development of the Non-Cancer Pain Management Clinic (Delhi Family Health Team) to support clients in the best-practice titration of opiate medication

From a Peer Support perspective, the year has seen a focus on wellness and recovery. This will be further detailed in the Wellness and Recovery Centre (WRC) update. I would like to highlight three activities. The WRC held a 'Kevin Hines' event which was well attended, looking to address suicide prevention. Though some serious technical issues were met, along with the fact that Kevin was not able to come due to an unexpected event in transit, the staff handled the situation with creativity and aplomb. I also want to highlight the CAMHS FACEBOOK page which is managed by the WRC staff. In this past year we received a 'thumbs up' from the Mental Health Commission of Canada. And finally to note the value-add of the Signpost Series. They are now incorporated into Trinidad and Tobago's MH services and will be translated into French and utilized by our far Eastern Ontario neighbours!

There has been activity on the clinical front as well as it relates to wellness and recovery. The staff had an all-day educational session entitled 'Take Control, Take Charge' focusing on the chronic disease management model. The staff were encouraged to attend an all-day session entitled 'Taking Care of You', a session focusing on wellbeing for our staff.

For our clinical client base, we have also focused on wellness and recovery, as each program looks for creative ways to integrate the Recovery Model into care. CAMHS was involved in the initial planning for a Rapid Access Addiction Medicine clinic for Haldimand and Norfolk (HN). We saw the addition of addiction medicine training for a Nurse Practitioner in our Addiction Mobile Outreach Team (AMOT) to address the needs of, and help transition to care of clients without primary care providers. AMOT staff continue to diligently connect with the community at large, and are now experiencing recognition and appreciation for their community accessibility.

Addressing our waitlist has been a focus for the clinical teams (Specialized Geriatric Services, the Adult Program, and Addiction Services), and I am very impressed by the outcomes to date. Please refer to our statistic page.

Our Telemedicine Services continue to flourish with three consultant psychiatrists. The Crisis Assessment and Support Team (CAST) continues to responding a timely manner, even considering some staffing challenges. We have now fully staffed both the Haldimand and the Norfolk Mobile Crisis Rapid Response Teams (MCRRT). The feedback from our OPP partners has been overwhelmingly positive. They have also been actively involved in the Core Crisis Model development and in the Regional MCRRT meetings which shows great commitment to MCRRT and to CAMHS.

From a management perspective this has also been a busy year as we have had a new Leadership Team formed. We saw Melissa Fellin, Clinical Services Manager (CSM) leave the organization to spend more time with her family. Melissa was a great supporter of the development of our program terms of service and clinical service excellence. A great decision for Melissa but a real loss for the agency. Having said this, we have been extremely fortunate for the addition of Scott Secord and Bobby Jo Smith to the leadership team. Both Scott and Bobby Jo bring extensive and complementary experience to the agency and have inherent commitment to Clinical Service Excellence. We are very fortunate to have both Scott and Bobby Jo in the role of CSM. Debra Graham (Administration Manager) also retired in this past year, being replaced by Kerry Wetherell. Kerry has extensive experience in project management and organizational structure and has had a huge constructive impact on the agency in the role of Administration Manager, not the least as our Privacy Officer. And likewise an appreciative thank you to Susan Roach (Program Manager), a stable force on the CAMHS Leadership Team.

I want to thank the Board of Directors for their continued support and encouragement, and to the NGH Finance, IT, and Human Resources staff. The agency would not have moved forward in as many directions without the input, focus, and thoughtfulness of all of these individuals.

To the CAMHS staff, a big thank you for another year of Clinical Service Excellence. You are making a positive impact as guests for a short time in people's lives and the Haldimand and Norfolk communities are broadly recognizing this. Congratulations and well done!

Respectfully submitted,

Nancy Candy-Harding
CEO, CAMHS-HN

VISION, MISSION, VALUES

OUR STRATEGIC PRIORITIES AND SUPPORTING GOALS: 2018 - 2020

Promote Mental Health and Addiction Wellness	Foster Recovery and Well-being	Improve Access to Services	Respond to Diverse Populations	Leadership, Knowledge, Collaboration
<p>We will:</p> <p>Promote Mental Health and Addiction Wellness across the lifespan in homes, schools, work places and prevent mental illness and addiction, and suicide when possible.</p>	<p>We will:</p> <p>Foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support</p>	<p>We will:</p> <p>Improve access to the right combination of service, treatments and supports, when and where people need them</p>	<p>We will:</p> <p>Reduce disparities in risk factors and access to mental health and addiction services, and strengthen the response to the needs of diverse communities.</p> <p>Work with First Nations and other defined groups to address their needs, acknowledging their distinct circumstances, rights and cultures</p>	<p>We will:</p> <p>Mobilize leadership, improve knowledge and foster collaboration at all levels</p>



CAMHS
Community Addiction and Mental Health
Services of Halimand & Norfolk

OUR VISION, MISSION AND VALUES

Our Vision:

- A leader in community mental health and addiction services, supporting the wellness and recovery journey

Our Mission:

- Provides a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addiction concerns within Haldimand and Norfolk

Our Values

1. Hope and optimism
2. Innovation
3. Integrity
4. Respect
5. Excellence

Purpose: Partnering for Mental Health and Addiction Wellness



CAMHS
Community Addiction and Mental Health
Services of Haldimand & Norfolk

BOARD MEMBERSHIP

2018-19
Board of Directors Membership
Since AGM, September 2018

Current Members

MEMBER	POSITION	
Roddy Millea	Chair	April 2015
Jean Montgomery	Vice-Chair	September 2015
Cheryl Pineo	Treasurer	September 2016
Laurie Giancola	Secretary	September 2013
MaryLisa Forsyth	Director	February 2016
Adrian Rose	Director	September 2017
Paul Sherwood	Director	September 2016
Community Member		
Irene Beyaert	Community Member	September 2015
Ex-Officio		
Nancy Candy-Harding	Chief Executive Officer	Ex-Officio
Kerry Wetherell	Scribe	Ex-Officio

FINANCE

Financial Statements of

**COMMUNITY ADDICTION
AND MENTAL HEALTH
SERVICES OF HALDIMAND &
NORFOLK**

Year ended March 31, 2019



KPMG LLP
Commerce Place
21 King Street West, Suite 700
Hamilton Ontario L8P 4W7
Canada
Telephone (905) 523-8200
Fax (905) 523-2222

INDEPENDENT AUDITORS' REPORT

To the Directors of Community Addiction and Mental Health Services of Haldimand & Norfolk

Opinion

We have audited the financial statements of Community Addiction and Mental Health Services of Haldimand & Norfolk ("the Entity"), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of changes in fund balances for the year then ended
- the statement of cash flows and for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "*Auditors' Responsibilities for the Audit of the Financial Statements*" section of our report.

We are independent of the Entity in accordance with the applicable independence standards, and we have fulfilled our other ethical responsibilities in accordance with these standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.



- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity public to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants
Hamilton, Canada
May 28, 2019

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Financial Position

March 31, 2019, with comparative information for 2018


	Operating fund	Donation fund	2019	2018
Assets				
Current assets:				
Cash	\$ 991,997	\$ 157,950	\$ 1,149,947	\$ 1,103,336
Investments (note 2)	-	26,569	26,569	26,450
Accounts receivable	33,475	1,628	35,103	23,908
Harmonized sales tax recoverable	27,057	-	27,057	44,617
Prepaid expenses	65,239	-	65,239	33,844
Due from (to) own funds (note 3)	21,830	(21,830)	-	-
	1,139,598	164,317	1,303,915	1,232,155
Property and equipment (note 4)	14,525	-	14,525	33,144
	\$ 1,154,123	\$ 164,317	\$ 1,318,440	\$ 1,265,299

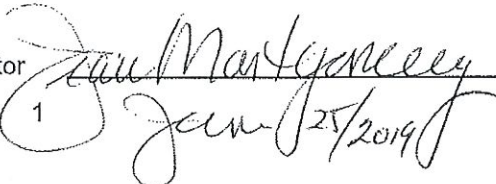
Liabilities and Fund Balances

Current liabilities:				
Accounts payable (note 5)	\$ 695,016	\$ -	\$ 695,016	\$ 619,517
Due to Ministry of Health and Long-Term Care ("MOHLTC") (note 6)	504,808	-	504,808	525,192
Deferred revenue (note 7)	-	4,775	4,775	6,616
Employee future benefits (note 8)	-	-	-	589
	1,199,824	4,775	1,204,599	1,151,914
Deferred capital contributions (note 9)	14,525	-	14,525	19,367
Fund balances:				
Invested in property and equipment (note 10)	-	-	-	13,777
Unrestricted	(60,226)	-	(60,226)	(74,003)
Internally restricted	-	159,542	159,542	154,244
	(60,226)	159,542	99,316	94,018
	\$ 1,154,123	\$ 164,317	\$ 1,318,440	\$ 1,265,299

See accompanying notes to financial statements.

On behalf of the Board:


 25/JUNE/2019.

Director
 
 1

Director

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Operations

Year ended March 31, 2019, with comparative information for 2018

	Operating fund	Donation fund	2019	2018
Revenues:				
MOHLTC	\$ 5,190,467	\$ -	\$ 5,190,467	\$ 4,809,341
St. Joseph's Healthcare Hamilton	51,722	-	51,722	24,543
Donations	-	19,490	19,490	16,897
Other	39,467	21,589	61,056	65,557
Amortization of deferred capital contributions (note 9)	18,619	-	18,619	4,842
	5,300,275	41,079	5,341,354	4,921,180
Expenses:				
Salaries and wages	3,172,306	-	3,172,306	2,791,055
Employee benefits	861,637	-	861,637	695,767
Purchased services	401,610	-	401,610	357,034
Rent	225,375	-	225,375	220,471
Amortization of property and equipment	18,619	-	18,619	25,896
Other expenses	398,701	35,781	434,482	381,844
	5,078,248	35,781	5,114,029	4,472,067
Excess of revenues over expenses before transfer payment repayable	222,027	5,298	227,325	449,113
Transfer payment repayable (note 6)	222,027	-	222,027	(452,781)
Excess (deficiency) of revenues over expenses	\$ -	\$ 5,298	\$ 5,298	\$ (3,668)

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Changes in Fund Balances

Year ended March 31, 2019, with comparative information for 2018

March 31, 2019	Invested in property and equipment (note 10)	Unrestricted	Internally restricted	Total
Balance, beginning of year	\$ 13,777	\$ (74,003)	\$ 154,244	\$ 94,018
Excess of revenues over expenses	-	-	5,298	5,298
Net change in invested in capital assets	(13,777)	13,777	-	-
Balance, end of year	\$ -	\$ (60,226)	\$ 159,542	\$ 99,316

March 31, 2018	Invested in property and equipment (note 10)	Unrestricted	Internally restricted	Total
Balance, beginning of year	\$ 34,831	\$ (74,003)	\$ 136,858	\$ 97,686
(Deficiency) excess of revenues over expenses	(21,054)	-	17,386	(3,668)
Balance, end of year	\$ 13,777	\$ (74,003)	\$ 154,244	\$ 94,018

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Cash Flows

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues over expenses for the year	\$ 5,298	\$ (3,668)
Items not involving cash:		
Amortization of property and equipment	18,619	25,896
Amortization of deferred capital contributions	(18,619)	(4,842)
	5,298	17,386
Change in non-cash operating working capital balances:		
Accounts receivable	(11,195)	24,287
Harmonized sales tax recoverable	17,560	(16,742)
Prepaid expenses	(31,395)	(125)
Accounts payable	75,499	(100,798)
Due to MOHLTC	(20,384)	282,781
Employee future benefits	(589)	(3,877)
Deferred revenue	(1,841)	6,616
	32,953	209,528
Financing:		
Purchase of investments	(119)	(132)
Capital:		
Purchase of property and equipment	-	(24,209)
Additions to deferred capital contributions	13,777	24,209
	13,777	-
Increase in cash	46,611	209,396
Cash, beginning of year	1,103,336	893,940
Cash, end of year	\$ 1,149,947	\$ 1,103,336

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements

Year ended March 31, 2019

Community Addiction and Mental Health Services of Haldimand & Norfolk (the "Organization") provides assessment, treatment, advocacy and support services through a number of programs directed toward adults living in Haldimand County and Norfolk County who are faced with various mental health and addiction issues. The Organization is incorporated under the Ontario Corporations Act as a not-for-profit organization without share capital and is a registered charity, under the Income Tax Act. As such, the organization qualifies as a tax-exempt corporation under the Canadian income tax laws.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook.

Significant accounting policies are as follows:

(a) Fund accounting:

The Operating Fund accounts for revenues and expenses related to program delivery and administrative activities.

The Donation Fund accounts for revenue from donations and other amounts restricted either by the Board of Directors or by third parties, and related expenses.

(b) Revenue recognition:

The Organization follows the deferral method of accounting for contributions.

Unrestricted contributions are recognized as revenue in the appropriate fund when received or receivable to the extent that the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted funds are recognized when received in the fund corresponding to the purpose for which they were contributed. Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related property and equipment.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

1. Significant accounting policies (continued):

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. All financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to record any financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Organization determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Organization expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial impairment charge.

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

1. Significant accounting policies (continued):

(d) Property and equipment:

Purchased tangible capital assets are recorded at cost. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Asset	Years
Office furniture and equipment	5
Computer equipment	5
Computer software	5
Leasehold improvements	5
Vehicles	5

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Significant items subject to such estimates include the carrying amount of property and equipment, provision for impairment of investments and accounts receivable, estimation of accrued liabilities and valuation of employee future benefits. Actual results could differ from those estimates.

(f) Contributed services and materials:

Volunteers contribute numerous hours to assist the Organization in carrying out certain aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

2. Investments:

Investments of \$26,569 (2018 - \$26,450) consist of a guaranteed investment certificate bearing interest at 0.60% (2018 - 0.45%) per annum, maturing on December 13, 2019.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

3. Due from (to) own funds:

The Operating Fund will pay for certain costs related to the MOHLTC programs of the Donation Fund. As a result, balances are owing between the funds at year end. Due to the timing of payments during the year, the Donation Fund owes the Operating Fund \$21,830 (2018 - \$22,675) for disbursements made on behalf of the MOHLTC programs. The amount bears no interest and has no set repayment terms.

4. Property and equipment:

			2019	2018
	Cost	Accumulated amortization	Net book value	Net book value
Office furniture and equipment	\$ 105,345	\$ 105,345	\$ -	\$ 10,032
Computer equipment	163,703	163,703	-	-
Computer software	36,379	36,379	-	-
Leasehold improvements	96,437	96,437	-	-
Vehicles	86,870	72,345	14,525	23,112
	\$ 488,734	\$ 474,209	\$ 14,525	\$ 33,144

5. Accounts payable:

Included in accounts payable are government remittances payable of \$75,623 (2018 - \$74,856), which includes amounts payable for payroll related taxes.

6. Due to the MOHLTC:

At the end of the fiscal year the Organization may owe the MOHLTC unspent funding as determined by the annual reconciliation report. The report is subject to MOHLTC approval or adjustments. The change in the due to the MOHLTC balance is as follows:

	2019	2018
Balance, beginning of year	\$ 525,192	\$ 242,411
Transfer payment repayable	222,027	452,781
Prior year surplus recovery	(242,411)	-
Current year surplus recovery	-	(170,000)
Balance, end of year	\$ 504,808	\$ 525,192

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

7. Deferred revenue:

	2019	2018
Balance, beginning of year	\$ 6,616	\$ -
Add: funds received in the year	-	6,616
Less: funds used in the year	1,841	-
Balance, end of year	\$ 4,775	\$ 6,616

8. Employee future benefits:

Qualifying employees upon retirement may elect to participate in the Organization's extended healthcare and dental benefits until the age of 65. The employees would assume 30% of the premium cost for the benefits. The accrued benefit represents the present value of estimated premium costs for participants. As at March 31, 2019, there are no accrued benefits.

	2019	2018
Retirement healthcare benefits	\$ -	\$ 589

9. Deferred capital contributions:

Deferred capital contributions represent the unamortized or unspent amount of funds received for the purchase of property and equipment. The amortization of deferred capital contributions are recorded as revenue in the statement of operations. The change in the deferred capital contributions balances is as follows:

	2019	2018
Balance, beginning of year	\$ 19,367	\$ -
Add: deferred capital contributions received in the year	13,777	24,209
Less: amortization of deferred capital contributions	(18,619)	(4,842)
Balance, end of year	\$ 14,525	\$ 19,367

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

10. Net assets invested in property and equipment:

(a) Net assets invested in property and equipment is calculated as follows:

	2019	2018
Property and equipment (note 4)	\$ 14,525	\$ 33,144
Amounts financed by deferred capital contributions (note 9)	14,525	19,367
	\$ -	\$ 13,777

(b) Change in net assets invested in property and equipment is calculated as follows:

	2019	2018
Deficiency of revenues over expenses:		
Amortization of deferred capital contributions	\$ 18,619	\$ 4,842
Amortization of property and equipment	(18,619)	(25,896)
	\$ -	\$ (21,054)

11. Credit facility:

The Organization has an operating line of credit in the amount of \$200,000 which bears interest at a rate of prime plus 1.5%. The operating line of credit is secured by a general security agreement over all assets of the Organization. The operating line of credit was not drawn on at March 31, 2019.

12. Economic dependence:

The MOHLTC provides the majority of the required funds for the Organization, which is governed by the Local Health Integration Network, and is therefore dependent on continued funding from the Ministry for its ongoing existence.

13. Pension benefits:

Substantially all of the employees of the Organization are eligible to be members of the Healthcare of Ontario Pension Plan ("HOOPP") which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to \$251,394 (2018 - \$218,786). These amounts are included in employee benefits expense on the statement of operations.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2019

13. Pension benefits (continued):

There are no material past service costs. The most recent HOOPP actuarial valuation of the Plan as of December 31, 2018 indicated the Plan has a 21% surplus in disclosed actuarial assets.

14. Commitments:

The Organization has lease commitments for office space within Haldimand County and Norfolk County. Annual payments for the next three years are as follows:

2020	\$ 104,572
2021	13,604
2022	-

The Organization entered into an agreement with Norfolk General Hospital to provide finance and human resource services for \$115,543 per year. This agreement is effective from April 1, 2013, and will be reviewed and renewed annually. In fiscal 2019 the Organization entered into an agreement with Norfolk General Hospital to receive IT services totaling \$77,000 as at March 31, 2019.

15. Financial instruments:

(a) Credit risk:

Credit risk is the risk of financial loss to the Organization if a counterparty to a financial instrument fails to meet its contractual obligations. Such risks arise principally from certain financial assets held by the Organization consisting of cash, investments and accounts receivable. The maximum exposure to credit risk of the Organization at March 31, 2019 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2018.

(b) Liquidity risk:

Liquidity risk is the risk that the Organization will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Organization manages its liquidity risk by monitoring its operating requirements. The Organization prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There have been no significant changes to the liquidity risk exposure from 2018.

STATISTICS

**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF
HALDIMAND AND NORFOLK**

STATISTICS – 2018-19

Clinical Activity	Actual	M-SAA Target
Number of Individuals Served	7163	6906
Number of Visits	28485	19375
Number of Group Sessions	210	70
Number of Group Participants	3794	732

Peer Support	Actual	M-SAA Target
Number of Attendance Days	4411	6884

Wait Times (by end of fiscal)	Average
Adult Mental Health	2-3 months
Specialized Geriatric Services	2-3 months
Addiction Program	0-3 business days

MCRRT (Norfolk and Haldimand)	Actual
Number of Individuals Served	505
Emergency Department Diversion	Average 77%

Client Experience (through anonymous survey identifying perceived good/excellent service)		Actual
	Percentage of the surveys completed	61%
Q1	The services I have received have helped me deal more effectively with my life challenges	90%
Q2	I was involved as much as I wanted to be in decisions about my treatment and support	94%

PROGRAM UPDATES

Administration

The CAMHS Administration Team has continued to provide exemplary support for all CAMHS programs throughout the year to support the delivery of clinical service excellence in both mental health and addiction service models. As the front facing service to our new and existing clients, the Administration Team continually exudes a high level of clinical customer service and a welcoming safe space to all visiting or calling a CAMHS site.

During the past year the Administration Team has been dedicated to a number of changes to the corporate operations of the agency including the successful planning and implementation of a new Accounts Payable system during the transition of this external service from Basware to the NGH Finance department. Administration staff have worked in partnership with NGH Financial Analysts throughout the planning, development and implementation stages of the transition to achieve success. The change in service has provided an improved quality of accounting management and streamlined internal processes which have been beneficial in our vendor relations and fiscal accountabilities.

In September the agency began an overall assessment of phone communication services and potentials for improved systems, configuration and functionality reports to which the Administration Team has been monumental in conducting communications systems analysis to ensure a revised model will support all CAMHS operations to maintain the agency's service delivery goals. Administration staff have continued to support the agency and individual staff with the delivery of information technology (IT) support services provided by the NGH Information Technology department. To this note, they have played a key role in maintaining our internal and external communications, provided support and training in clinical software (such as Clinical Connect and EMHware) and support program staff in IT related issues resolution.

The Administration Team has also provided key support to new members joining CAMHS with the organization and delivery of new hire onboarding processes and ensuring new staff are greeted and welcomed to a professional and supportive environment.

It is with appreciation and gratitude that the CAMHS agency recognizes the Administration Team as a strong pillar of the agency in both the internal and external environments that support CAMHS community services.

Addiction Program

The Addictions Program provides assessment and counselling to people of all ages who are experiencing issues with alcohol, substances and/or gambling. Families and significant others impacted are also served by this team.

Our Addictions Program provided much needed individual addictions counselling, assessment and referral to treatment, education and support services to our community, including the high schools in both of the counties we serve.

This past year the team has continued to focus on certification and implementation of the provincial Staged Screening and Assessment (SSA) initiative which includes certifying staff on GAIN assessment

tools. CAMHS has achieved 100% certification of the addictions team – a leader in the HNHB LHIN implementation of this new project.

Our team has partnered with Holmes House (a withdrawal and residential treatment program) in Simcoe to provide a weekly drop-in group focused on building connection to community addiction services and programs. Throughout the year the team has been pursuing an Employer Engagement initiative in order to broaden awareness and smooth access to services.

Addiction Mobile Outreach Team (AMOT)

The Addiction Mobile Outreach Team (AMOT) provides support to individuals living with substance use concerns, problem gambling or concurrent disorders. The three main pillars of the AMOT program are engagement, (situational) assessment, and prevention through education. The mobile team engages people throughout Haldimand and Norfolk 'where they are located'. The team engages people who experience multiple barriers to accessing social and healthcare services and provides support to connect them with addiction support and services.

The team consists of addiction counsellors and peer support workers as well as a Nurse Practitioner and is available 12 hours/day, seven days/week, 365 days/year.

AMOT provides outreach throughout Haldimand and Norfolk Counties, including:

- Engaging any individual of any age, living with substance use concerns, problem gambling or concurrent disorders;
- Completing initial assessments of need;
- Linking individuals with appropriate community and/or health care services and supports including addiction counseling and assessment and referral to treatment;
- Facilitating access to a Nurse Practitioner (NP) for individuals who require addiction medicine and/or primary care; NP services are for individuals living with an addiction and do not have a primary care practitioner; care is provided on a transitional basis only;
- Engaging with and providing education to family and caregivers of individuals living with substance use concerns, problem gambling or concurrent disorders;
- Collaborating with health care and community partners in the provision of harm reduction activities and education.

Having now been operational for over one year, the team is serving an increasing number of individuals and engaging with an ever-increasing number of service providers with the goal of offering integrated and seamless service delivery. And, as the program continues to evolve, the team has remained committed to updating community partners around program changes and enhancements. AMOT looks forward to the year ahead, building upon its year-one successes.

Mobile Crisis Rapid Response Team (MCRRT)

The Mobile Crisis Rapid response Team partners a uniformed police officer with an experienced mental health professional to respond to 911 calls, as determined by police dispatch. The program provides persons in crisis, their families and caregivers, with timely and appropriate crisis intervention.

Service recipients of MCRRT include individuals presenting with mental health concerns, substance use concerns, behavioural disorders or acute situational crisis. The MCRRT team attempts to streamline access to mental health crisis supports and helps to reduce the burden of unnecessary referrals to the emergency department.

The MCRRT teams are available in Haldimand (Cayuga detachment) and Norfolk (Simcoe detachment) counties 7 days per week. This year both teams have focused on assessment and diversion – providing rapid on-site assessment and support that may result in transport to hospital, but also ‘diverting’ from hospital with rapid support and connection to other resources. Our MCRRT teams have participated in regional initiatives and our leadership team in the development of standardized practices for the MCRRT model as it continues to spread nationally and internationally.

Telemedicine Services (TMS)

Telemedicine Services (TMS) is a non-emergency psychiatric consultation service. Individuals access this service by referral from their primary care practitioner. The TMS team consists of three Registered Nurses (RNs) and three Psychiatrists who provide psychiatric consultation to adults 16 years of age and older, experiencing mental health challenges, through Ontario Telemedicine Network (OTN) videoconferencing. By utilizing OTN videoconferencing, individuals are able to access psychiatric consultation services in their community. Barriers such as access to transportation and the availability of Psychiatrists at the local level are removed. TMS also facilitates remote appointments for individuals, with medical specialists located outside of the region, utilizing OTN videoconferencing. This service similarly removes barriers and facilitates access to healthcare for individuals living in rural Haldimand and Norfolk counties.

There is significant demand for TMS, with multiple new referrals being received weekly. The three RNs are kept busy completing the extensive and in-depth Initial Assessments (IAs) for those individuals referred for psychiatric consultation or supporting these same individuals during their appointment. They will also make themselves available to support individuals who are scheduled for appointments with external specialists, upon request. TMS is highly valued by primary care practitioners across Haldimand Norfolk and by Specialists across the province.

Adult Mental Health

The Adult Mental Health Program provides recovery-focused mental health treatment to adults aged sixteen and older. A referral must be made by another physician or a nurse practitioner to be assessed by a psychiatrist. Clients can self-refer or a referral can be made by a physician, nurse practitioner or other service provider for counseling. Adult mental health clinicians provide individual solution-focused and strengths-based therapy, consultation to health and social care providers, and collaboration/partnerships with other community services.

The Adult Team are trained in Collaborative Assessment and Management of Suicidality (CAMS) and have been providing this treatment intervention to clients. Dialectic Behavioural Therapy (DBT) has remained a highly-effective evidence-based form of treatment. DBT continues to be offered in partnership with the Canadian Mental Health Association of Haldimand-Norfolk (CMHA) to clients who match the need for this type of intervention. Two additional clinicians have been provided DBT Training to ensure sustainability of this valuable clinical intervention.

Over the past year the Adult Team complement has been fully staffed and has to be commended for moving the bar on reducing the waitlist for counselling from one (1) year to three (3) months for adult counselling services. This was done through careful attention and adherence to caseload management, terms of service, recover focused approaches. DBT continues to be a successful partnered program shared with CMHA. The needs of those living with Borderline Personality Disorder BPD are complex and the staffing required to treat BPD. Waitlists are expected to be long, which is the case for any agency offering this therapy within the HNHB LHIN and the country. Treatment is expected to be from 6-12 months and groups are normally not larger than 10 participants. Offering DBT is one of the only evidence informed therapies available for this unique population and CAMHS is committed to partnering with CMHA to deliver this treatment to Haldimand and Norfolk.

Adult Team has been provided specific training in many areas of practice including Health Links Model of Care, OCAN, OPOC, Concurrent Disorders Training, San' Yas Cultural Safety Training, and CBT. We have partnered over the past year with REACH HN in establishing a process to more rapidly identify transitional aged youth and establishing wrap around care through a new initiative Along Side Youth.

Crisis Assessment and Support Team (CAST)

CAST is a 24/7 mental health crisis support and assessment service for people over sixteen years old who are experiencing, or are supporting someone who is experiencing a mental health crisis. CAST responds 24/7 to urgent crisis telephone calls, offers short-term individual counselling to address crisis stabilization and prevention. CAST provides face to face mental health assessments in the Emergency Department at three hospitals in Haldimand-Norfolk. Individuals are linked to community resources and support systems as needed, including peer support, to prevent further crises. Our response time continues to improve now that we have achieved full staffing on the Team over the past year. This has allowed for improvements in continuity of care and capacity including continuous access to short term crisis counselling.

Specialized Geriatric Services (SGS)

The SGS program provides non-emergency clinical assessment, consultation, treatment and education to older adults, their families and service providers who are, or know of, someone who lives with mental illness and has a cognitive impairment. Registered nurses, social workers and intensive geriatric service workers, geriatricians and psychiatrists specializing in geriatrics are provide inter-professional care to clients.

The SGS team continues to provide outreach and clinic services to seniors in Haldimand and Norfolk counties. Outreach includes providing support to community service partners including long term care and retirement facilities and our community hospitals. Clinics are offered at multiple locations in Norfolk and Haldimand ensuring accessibility to older adults to specialist medical care.

The SGS Team has been actively involved with the Regional Geriatric Program in designing and implementing a Centralized Intake process for physician referrals that is HNHB LHIN wide which also links with a provincial goal for a province wide approach to centralized intake for those in need of psychogeriatric assessment including but not limited to depression, delirium and dementia. The SGS team has identified specific core counselling skills (e.g. Mindfulness, Solution Focused Therapy, and Motivational Interviewing). This will ensure a common set of clinical sets and practice standards will inform and shape practice as a team of inter-professional clinicians including (Health Links Model of Care, OCAN, Concurrent Disorders).

Intake

CAMHS has a centralized intake process for all of its mental health programs. Intake screens and processes all referrals to CAMHS mental health programs. The intake clinician reviews, screens and directs referred clients to the appropriate program within the agency. Intake completes referrals and/or redirects referrals to other community partners when required ensuring that the client receives the most appropriate service. The intake clinician completes referral inquiry services to clients, family members, and community partners.

During this past year, a new CAMHS referral form was developed and implemented. Information packages were sent out to all family physicians in Haldimand and Norfolk Counties that outlined our services, provided information and introduced the new referral form. Intake has been working to streamline access to care and to help clients and family members navigate the mental health care system. Intake had 2087 mental health referrals in the fiscal year.

The Addiction Intake process is one where an Addiction Counsellor is available Monday to Friday accepting clients into the program. Clients can access these services through walk in, call in, or self-referral online through our WEBSITE.

Annual General Meeting Report 2018-19
Achieve Mental Health Wellness & Recovery Centre

During the year the Centre actively addressed the programming available to members to ensure an equal balance of the four pillars of the Centre's mandate – social recreation, education, peer support and advocacy – and to ensure an alignment of all four with the overriding goal of wellness and recovery. To move these objectives forward the Centre reduced some of our social recreation program and replaced it with newly designed and delivered education groups with a strong wellness and recovery focus. Lengthier programs were re-designed into sub-sections to allow access to key sections in a shorter time, for a greater number of individuals. Work began on designing a four week coping with anxiety group to offset the waiting list for the more expansive anxiety support group. Peer support continued as the foundation for all activities at the Centre and a formal peer training was delivered to interested members and opened as well to peers volunteering at Holmes House Withdrawal Management Centre.

The Centre received funding again from the United Way of Haldimand and Norfolk for the Mental Health Literacy Program and it was utilized to continue provide speaking presentations in the community, host special education events and provide educational displays. During the year the Centre delivered 36 speaking presentations. We had continued engagement with Fanshawe College, Holmes House, Haldimand Abilities Centre, Bell Let's Talk initiatives in Dunnville and Simcoe and the Lions and Rotary clubs. In alignment with outreach efforts, presentations were also conducted with Rosewood Seniors, New Credit Health, Grace United and St. Paul's Church, Haldimand Norfolk Housing, Big Brothers Big Sisters and PRIDE HN. The new venues allowed greater contact with target populations of older adults, LGBTQ+ community, and youth.

The Centre also planned and delivered larger scale events in the community including the Mind Body Spirit Wellness & Recreation Fair which was attended by over 100 vendors and 800 visitors, the Igniting HOPE suicide prevention and awareness walk, mental health week and mental illness awareness week activities, Back the Blue thank you event welcoming the OPP to the Centre, and a CAMHS booth at the Norfolk County Fair. The Centre also organized and hosted an event with Kevin Hines, best-selling author, global public speaker, and award winning documentary filmmaker sharing his personal story of surviving a suicide attempt after jumping from the Golden Gate Bridge and his subsequent suicide prevention efforts.

Respectfully submitted

Susan Roach, Program Manager
Wellness & Recovery Centre

RECOGNITION

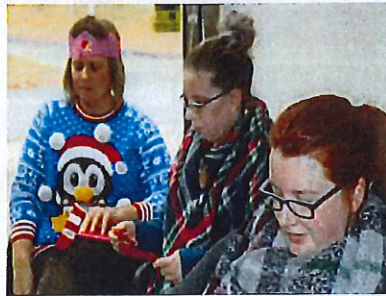
CAMHS Christmas Gathering



CAMHS staff contributed to a holiday 'sock tree' and gathered over 125 pairs that were donated to local social service organizations for distribution to people living in poverty – an item showing care, concern and providing warmth.



Eyes closed, two minutes, rip a Christmas tree or star out of construction paper.....



CAMHS at the Norfolk County Fair

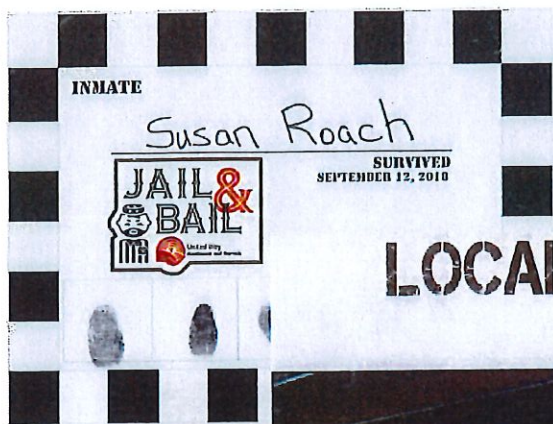
The agency booth at the Fair is an opportunity to meet with the public, highlight the supports and services available through the agency and provide mental health, mental illness and addiction information.



When it is Okay for Your Staff to Be Locked Up

CAMHS receives funding from United Way of Haldimand and Norfolk in support of the Mental Health Literacy Program delivered by the Wellness & Recovery Centre. The United Way hosted a 'Jail & Bail' kickoff event and fundraiser September 2018 in which CAMHS participated.

Susan Roach, Program Manager at the Wellness Centre was locked up until her bail was raised and members of the Centre provided to those in attendance in Simcoe and Cayuga a short presentation demonstrating the impact of Mental Health Literacy as a vehicle for 'bursting' the stigmas related to mental illness and addiction.



LOCAL RESIDENTS ARRESTED (for a cause)



CAYUGA—Susan Roach, Program Manager of the Wellness and Recovery Centre, part of the Community Addictions and Mental Health Services of Haldimand and Norfolk, does not seem happy about being handcuffed by OPP Constable Rod LeClair. Both members and staff of the Recovery Centre participated in the United Way Jail and Bail Fundraising event at the Cayuga Foodland on Wednesday, September 12, 2018. It is their way of giving back since the United Way funds their Mental Health Literacy Program. See more on page 9.
—Haldimand Press photo by Valerie Posthumus

Mental Health Week – Dress Loud for Mental Health



CAMHS annually supports Mental Health Week by encouraging staff and engaging the community to 'dress loud', an initiative to stimulate conversation on the topic of mental health, its importance for overall health and to introduce the resources in our community to build and enhance positive mental health.

Community partners in this CAMHS initiative included:

Roulston's Pharmacy
Target/Pioneer Gas
Norfolk Pregnancy Centre
Norfolk Eye Care
Fanshawe College – Simcoe campus



Mind Body Spirit Wellness & Recreation Fair

Mind*Body*Spirit

Health, Wellness & Recreation Fair

Assisting YOU to build or enhance your
health and wellness plan for 2019

Staffed information booths from
wellness related businesses, services
and leisure groups

Saturday March 23, 2019

10 am to 3 pm

The Aud, Simcoe Fairgrounds

FREE

Hosted by CAMHS and Achieve Mental Health
Wellness & Recovery Centre

For information call: 1-877-909-4357 X 5



Deborah Strachan (R), Wellness Fair organizer from the Wellness & Recovery Centre and long-time event sponsor Lyndsey Ross from Absolute Respiratory preparing to cut the Mind Body Spirit 10 year anniversary cake

VOICE Awards



This award recognizes:

- Individuals or services that support the personal wellbeing and wellness of a person living with a mental illness, mental health challenge and/or addiction.
- The efforts and contributions of individuals and services to improve or enhance the quality, number or diversity of supports available for people living with mental illness and/or addiction in our community.
- Individual and community efforts to increase understanding about mental health/mental illness/addiction or serve to reduce stigma.

2018 CAMHS Recipients:

- Sandra Buckle
- Nancy Candy-Harding
- Alexandra Clarysse
- Samantha Devereaux
- Darralynn Foster
- Debra Graham
- Kelly Graham
- Dawn Hill
- Andrea Stam
- Erin Stirling
- Harmony Szolga
- Joanne Torti
- Kim Valentine
- Kate VanBradt
- Donna Williamson



Kate VanBradt



VOICE award recipients enjoyed a performance by Devon of 'Angels Amongst Us' – a song selected to recognize and pay tribute to all the volunteers and award recipients for the important role they play for their nominators and the community.

It is always sad to say good-bye to staff that have touched us all at CAMHS. Every staff member brings a part of themselves to the agency, their peers and their programs. Their gifts to us are valued and treasured as we wish adieu and success in their future endeavours. **Adieu and Best Wishes**



Welcome to New Staff

As we wish our colleagues who have left us well there is also the good fortune of CAMHS to welcome the new staff members who have joined the agency this year bringing with them special gifts, talents and expertise that will continue to enhance a positive atmosphere and maintain clinical service excellence.

BACK THE BLUE

SAY THANK YOU

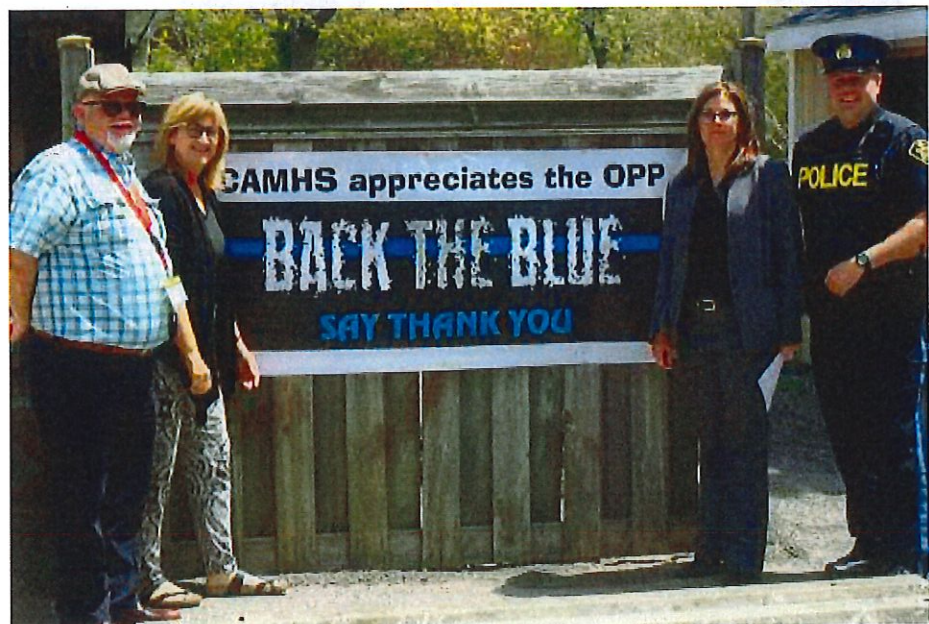
Police Week (May 14-20, 2018)

CAMHS hosts an annual Back the Blue, Say Thank You event in appreciation for the partnership between the OPP and the mental health and addiction community in Haldimand and Norfolk.

The Mobile Crisis Rapid Response Team (MCRRT) partnering the OPP and CAMHS resources to respond to 911 calls in Haldimand and Norfolk provides a vital program in the community.



The OPP provide active support to many initiatives of CAMHS – each year they are present at the Mind Body Spirit Wellness & Recreation Fair, support World Suicide Prevention Day initiatives organized by CAMHS, and attend the annual Christmas dinner and serve a family style meal to community members who attend.



In honour of the Norfolk OPP, a Wellness & Recovery Centre member wrote and presented to officers at Back the Blue a poem in tribute to their efforts.

Thank God It's Not Like That Here

*As a woman who's also a person of colour
Being scared about the news that I hear
Of police shooting with little to no provocation
And I thank God it's not like that here.*

*I hear of people being stopped and questioned
Based on their skin colour (dark not fair)
As these types of situations mount in frequency
I thank God it's not like that here*

*It's not just in the southern states these happen
South, north, east, west it matters not where
Even in parts of my beloved country of Canada
Though I thank God it's not like that here*

*The present climate within the United States
Is a climate that is built on fear
Fear of people who don't look, love, or think like them
And I thank God that it's not like that here*

*The way those with mental health are treated like animals
Shot or mistreated then spoken of with disgust and fear
Treated with indignity both in life and death
And I thank God it does not happen here*

*The police working in Norfolk County have proven
That for ALL the community they have a care
Working with various community and mental health organizations
So that police brutality and discrimination do not happen here*

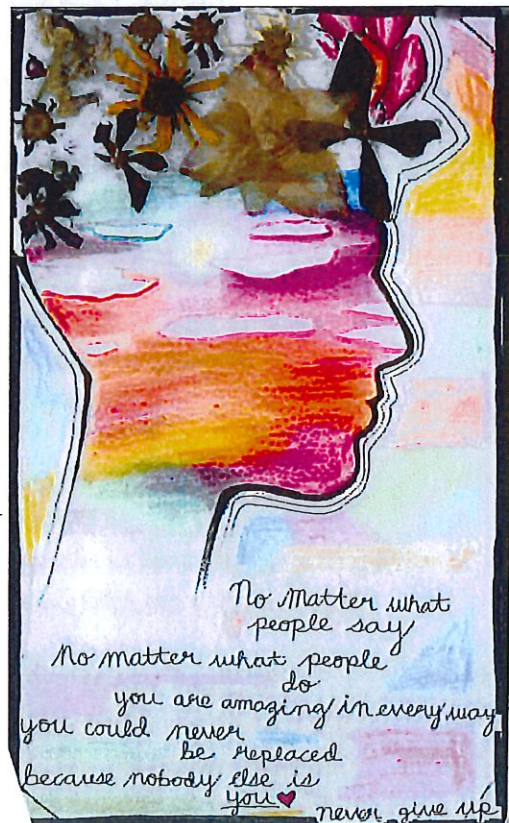
*So thank you to all of the men and women in blue
Who work hard to make sure we feel safe, unlike elsewhere
No matter our creed, colour, orientation, or mental health status
We can say, "Thank God the police aren't like that here"*

World Suicide Prevention Day

CAMHS hosted their annual suicide prevention walk and candle lighting on September 10th aligned with World Suicide Prevention Day.

CAMHS organized and partnered with Rotary and Rotaract to sponsor a poster contest for youth and adults – challenging contributors to submit creative posters with a message that focuses on general suicide awareness or a specific issue related to suicide, such as stigma, depression or getting help.

The entries of our youth winners are shown below.



SEPTEMBER 10
Igniting HOPE Walk for Suicide Prevention

5:00 EVERYONE Welcome. Gather at Wellington Park, T-shirts for pre-registered walkers only
Pre-register at holdinghopeforlife.org.uk or snapit.com

5:30 Walk leaves Wellington Park to Fairgrounds

6:00 Viewing/judging suicide prevention posters, Information tables and resources

7:30 Speakers, presentations

Dusk Candle lighting

View entries from Suicide Prevention Poster contest and participate in community judging for 'most impactful' poster in three age categories

Build your knowledge; learn what services and resources are available for suicide prevention and support at booths and displays on site all evening

Suicide Prevention is Everybody's Business
Together WE can make a difference

For more information contact
Wellness & Recovery Centre at
519-428-0580 x 5
Food and refreshments provided

Igniting Hope
SUICIDE PREVENTION



CAMHS

Community Addiction and Mental Health
Services of Haldimand and Norfolk

Our Mission

CAMHS provides a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addiction concerns within Haldimand and Norfolk Counties.

Our Vision

CAMHS is a leader in community mental health and addiction services, supporting the wellness and recovery journey.

Our Purpose

Partnering for Mental Health and Addiction Wellness

Our Values

Hope and Optimism: We will view the present, and look to the future, as opportunities for new learning and development.

Respect: We will treat everyone with dignity and courtesy.

Integrity: We will maintain ethical standards of practice and honesty in our interactions.

Excellence: We will apply evidence-based best practice striving for clinical service excellence.

Innovation: We will be creative and open to new ideas and opportunities.